

RE: 2423027

TD Bank Records Certification

The undersigned declarant hereby declares, certifies and verifies the following:

1. The declarant is a records custodian, or other qualified person, who can provide a written declaration regarding the records of regularly conducted business activity, which are the subject of this certification;
2. The records are original or a true copy of the original records in the custody of TD Bank;
3. The records were produced at or near the time of the occurrence of the matter set forth by, or from information transmitted by, a person with knowledge of those matters;
4. The records were kept in the course of a regularly conducted business activity of TD Bank; and
5. The records were produced by TD Bank as a regular practice.

I hereby declare, certify and verify, under penalty of perjury, that the foregoing is true and correct.



Signature of Declarant

Roberta Guillory

Research Clerk III

TD BANK, NA

DATE: March 22, 2024

NEW BUSINESS ACCOUNT

REGION: Suburban PA (16) RC #: 5341 ACCOUNT NUMBER: [REDACTED] IM 94004
TYPE OF ACCOUNT: TD Business Simple Checking TYPE CODE: 713
OPENED BY: [REDACTED] DATE OPENED: 05/16/2018

BUSINESS NAME / MAILING ADDRESS: EMPIRE HOLDINGS GROUP LLC
TIN: [REDACTED] LEGAL ADDRESS: (No PO Boxes) [REDACTED]

[REDACTED] USA [REDACTED]

Verification: [REDACTED] If Existing Customer, Enter the RM Number: [REDACTED]

Account Relationship: Corporation or LLC-w/Signers

Additional Account Verification: ☒ Business/Entity Documentation: Formation Docs & Resolution

IMPORTANT INFORMATION

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

You, the undersigned, as authorized representative(s) of the business named above (the "Accountholder"), acknowledge receipt of the Business Deposit Account Agreement, Business Schedule of Charges and Business Fee Schedule which govern the Accountholder's accounts with TD Bank, N.A. (the "Bank"). Your signature below and the Accountholder's use of the account shall evidence the Accountholder's acceptance of and agreement to be bound by the terms and conditions as set forth in the Business Deposit Account Agreement, Business Schedule of Charges and Business Fee Schedule, and any Addenda thereto, as the same may be amended from time to time.

If you, the undersigned, are personally liable for the Accountholder's obligations with respect to the account (such as the Accountholder's principal(s), owners(s) or guarantor(s)), you hereby authorize the Bank to, from time to time, request consumer reports containing references about you from third parties, such as a consumer reporting agency, in connection with opening and maintaining the account. If the Bank declines or is otherwise unable to open a deposit account as a result of any information contained in such consumer report(s), the Bank will provide such notice containing data regarding the consumer reporting agency as required by applicable law.

This section does not apply to U.S. non-resident aliens. Under penalty of perjury, you, the undersigned, certify that:

- The number shown on this form is the Accountholder's correct taxpayer identification number (or the Accountholder is waiting for a number to be issued to the Accountholder); and
- The Accountholder is not subject to backup withholding because: (a) the Accountholder is exempt from backup withholding, or (b) the Accountholder has not been notified by the Internal Revenue Service (IRS) that the Accountholder is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Accountholder that the Accountholder is no longer subject to backup withholding; and
- The Accountholder is a U.S. person (including a U.S. resident alien); and
- The Foreign Account Tax Compliance Act (FATCA) code entered on this form (if any) indicating that the payee is exempt from FATCA reporting, is correct.

Certification Instructions. You must cross out Item 2 above if the Accountholder has been notified by the IRS that the Accountholder is currently subject to backup withholding because the Accountholder has failed to report all interest and dividends on the Accountholder's tax return or for any other reason. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellations of debt, contributions to an individual retirement arrangement (IRA) and, generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide the Accountholder's correct TIN.

The Internal Revenue Service does not require your or the Accountholder's consent to any provision of this document other than the certifications required to avoid backup withholding.

Relationship Consent

☐ By checking this box and signing below, you, _____, authorize the Bank to use the balance from _____ (last 4 digits of account number), your personal checking account, to meet the balance requirement on the Accountholder's Business Convenience Checking Plus or Business Premier Checking account. See Business Deposit Account Agreement for details.

Authorized Representative(s)/Signer(s):

[Signature]

Signature

PETER P PRUSINOWSKI

Printed Name

Date of Birth

TIN

Verification:

If Existing Personal Customer, Enter the RM Number: [REDACTED]

Date Signed: 5/16/18

Signature

Printed Name

Date of Birth

TIN

Verification:

If Existing Personal Customer, Enter the RM Number: [REDACTED]

Date Signed: [REDACTED]

Signature

Printed Name

Date of Birth

TIN

Verification:

If Existing Personal Customer, Enter the RM Number: [REDACTED]

Date Signed: [REDACTED]

Signature

Printed Name

Date of Birth

TIN


Verification:

If Existing Personal Customer, Enter the RM Number: [REDACTED]

Date Signed: [REDACTED]

PX8

FTC-000632

 DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 05-09-2018


Employer Identification Number:

Form: SS-4

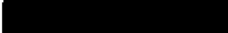
Number of this notice: CP 575 G

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

EMPIRE HOLDINGS GROUP LLC
PETER PRUSINOWSKI SOLE MBR


WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you . This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is EMPI. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

EMPI 0 9999999999 SS-4

CP 575 G (Rev. 7-2007)

CP 575 G

999999999999

DATE OF THIS NOTICE: 05-09-2018

EMPLOYER IDENTIFICATION NUMBER:

FORM: SS-4

NOBOD

EMPIRE HOLDINGS GROUP LLC
PETER PRUSINOWSKI SOLE MBR

U.S. Department of Health and Human Services



Ed Murray
Wyoming Secretary of State
2020 Carey Avenue, Suite 700
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Fax 307.777.5339
Email: Business@wyo.gov

WY Secretary of State
FILED: 04/26/2018 03:20 PM
ID: 2018-006800683

Limited Liability Company Articles of Organization

1. Name of the limited liability company:

Empire Holdings Group, LLC

2. This entity elects to be a close limited liability company: ☐

(You may refer to the Close Limited Liability Supplement for more information W.S. 17-25-101-W.S. 17-25-109.)

3. Name and physical address of its registered agent:

(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. The registered agent must have a physical address in Wyoming. If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed in addition to a physical address.)

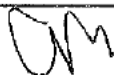
Name: United States Corporation Agents, Inc.

Address: 1623 Central Avenue, Suite 18, Cheyenne, WY 82001

(If mail is received at a Post Office Box, please list above in addition to the physical address.)

4. Mailing address of the limited liability company:

5. Principal office address:

Signature: 

(Shall be executed by an organizer.)

Date: 4/19/2018

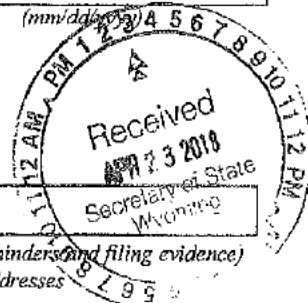
(mm/dd/yyyy)

Print Name: Cheyenne Moseley, Assist. Secretary, LegalZoom.com, Inc.

Contact Person: Cheyenne Moseley

Daytime Phone Number: (800) 773-0888 ext. 9724 Email: bizcorefilings@legalzoom.com

(Email provided will receive annual report reminders and filing evidence)
*May list multiple email addresses





Ed Murray
Wyoming Secretary of State
2020 Carey Avenue, Suite 700
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Fax 307.777.5339
Email: Business@wyo.gov

Consent to Appointment by Registered Agent

I, United States Corporation Agents, Inc., registered office located at
(name of registered agent)

1623 Central Avenue, Suite 18, Cheyenne, WY 82001

voluntarily consent to serve

* (registered office physical address, city, state & zip)

as the registered agent for Empire Holdings Group, LLC
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: [Signature]
(Shall be executed by the registered agent.)

Date: 4/19/2018
(mm/dd/yyyy)

Print Name: Cheyenne Moseley Daytime Phone: (800) 773-0888 ext. 9724

Title: Asst. Secretary, United States Corporation Agents, Inc. Email: bizcorefilings@legalzoom.com

Registered Agent Mailing Address
(if different than above):

[Empty box for Registered Agent Mailing Address]

*If this is a current registered agent changing their registered address on file, complete the following:

Previous Registered Office(s): [Empty box]

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____
(Shall be executed by the registered agent.)

Date: _____
(mm/dd/yyyy)

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION

Empire Holdings Group, LLC

Accordingly, the undersigned, by virtue of the authority vested in me by law, hereby issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this 26th day of April, 2018.



Filed Date: 04/26/2018

Edward A. Buchanan
Secretary of State

By: Jordyn Gray

PARID: 09-047-017

PRUSINOWSKI, PETER PAUL

MUN: **Estimated Tax Information**

County	\$509.54
Municipal	\$247.48
School	
Total	\$757.02

PLEASE NOTE THAT THE MUNICIPAL RATES DO NOT INCLUDE SPECIAL TAXES, IE: TRASH; ELECTRIC; FIRE HYDRANTS, ETC. THAT INFORMATION MAY BE OBTAINED FROM YOUR LOCAL TAX COLLECTOR DIRECTLY.



Certification Regarding Beneficial Owners of Legal Entity Customers

For TD Personnel use only			
Account Number: [REDACTED]		Date: 10/18/18	
TD Bank Representative Name: [REDACTED]		TD Bank Representative Phone: [REDACTED]	
RC Code (if applicable): [REDACTED]		Store Number (if applicable): [REDACTED]	
Account Opening/Maintenance Information			
A. Name and Address of Legal Entity for which an account is being opened or Business Relationship is being updated			
Name: Empire Holdings Group			
Address: [REDACTED]		City/State/Zip: [REDACTED]	
B. Name and Title of Natural Person opening account or updating the Business Relationship			
Name: Peter Prusnowski		Title: Owner	
I. Certification of Individual with Control (see page 4 for definition)			
Individual First Name: Peter		Middle Initial: P	Last Name: Prusnowski
Street Address (no PO Boxes): [REDACTED]		City: Doylestown	
State/Province: PA	Zip/Postal Code: [REDACTED]		Country: USA
Social Security Number (SSN) (US persons only): [REDACTED]		Date of Birth: [REDACTED]	
Title (CEO, President, etc.): Owner			
Non-US persons, please complete the fields below			
Primary ID Type (passport or other):		Number:	
Country:	Date of Issuance:	Exp. Date:	
Is this Individual with Control also a Beneficial Owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the percentage of ownership? 100%			
II. Certification of Beneficial Owner(s) (see page 4 for definition)			
If no individual meets this requirement, please check "Beneficial Owner Not Applicable" box and move to Section III. <input type="checkbox"/> Beneficial Owner Not Applicable			
Beneficial Owner 1 Information:			
Individual First Name: Peter		Middle Initial: P	Last Name: Prusnowski
Street Address (no PO Boxes): [REDACTED]		City: Doylestown	
State/Province: PA	Zip/Postal Code: [REDACTED]		Country: USA
Social Security Number (SSN) (US persons only): [REDACTED]		Date of Birth: [REDACTED]	% of Ownership: 100%
Non-US persons, please complete the fields below			
Primary ID Type (passport or other):		Number:	
Country:	Date of Issuance:	Exp. Date:	
Does the individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the intermediate company below:			
Name of Company with Ownership Interest in this Relationship:			

II. Certification of Beneficial Owner(s) (cont.)**Beneficial Owner 2 Information:**

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %

Non-US persons, please complete the fields below

Primary ID Type (passport or other):	Number:
Country:	Date of Issuance:
Exp. Date:	

Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? ☐ Yes ☐ No
If yes, provide the name of the intermediate company below:

Name of Company with Ownership Interest in this Relationship:

Beneficial Owner 3 Information:

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %

Non-US persons, please complete the fields below

Primary ID Type (passport or other):	Number:
Country:	Date of Issuance:
Exp. Date:	

Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? ☐ Yes ☐ No
If yes, provide the name of the intermediate company below:

Name of Company with Ownership Interest in this Relationship:

Beneficial Owner 4 Information:

Individual First Name:	Middle Initial:	Last Name:
Street Address (no PO Boxes):		City:
State/Province:	Zip/Postal Code:	Country:
Social Security Number (SSN) (US persons only):	Date of Birth:	% of Ownership: %

Non-US persons, please complete the fields below

Primary ID Type (passport or other):	Number:
Country:	Date of Issuance:
Exp. Date:	

Does the Individual hold the ownership interest in the Legal Entity indirectly (via an ownership interest in an intermediate company)? ☐ Yes ☐ No
If yes, provide the name of the intermediate company below:

Name of Company with Ownership Interest in this Relationship:

III. Certified/Agreed To☐ Check this box if there have been no updates or changes to Individual with Control or Beneficial Ownership Information since last completing a Certification Form.I, Peter Prusinski, hereby certify, to
(Print Name of person opening the account or adding new accounts or services to an established relationship)

the best of my knowledge, that the information provided above is complete and correct.

Signature

X

Date 6, 18, 18



Certification Regarding Beneficial Owners of Legal Entity Customers

For TD Personnel use only

Legal Entity TIN	Date:
[REDACTED]	05/16/2018
TD Bank Representative Name:	TD Bank Representative Phone:
Valerie Cam	215-489-3420
RC Code (if applicable)	Store Number (if applicable)
5341	341

Account Opening/Maintenance Information

A. Name and Address of Legal Entity for which an account is being opened or Business Relationship is being updated

EMPIRE HOLDINGS GROUP LLC

B. Name and Title of Natural Person opening account or updating the Business Relationship

Peter Prusinowski

I. Certification of Individual with Control (see page 2 for definition)

Individual First Name	Middle Initial	Last Name	Title (CEO, President, etc.)
PETER		PRUSINOWSKI	OWNER

II. Certification of Beneficial Owner(s) (see page 2 for definition)

☐ Beneficial Owner Not Applicable

Beneficial Owner 1 First Name	Middle Initial	Last Name	Percentage(%) of ownership
PETER		PRUSINOWSKI	100.0
Beneficial Owner 2 First Name	Middle Initial	Last Name	Percentage(%) of ownership
Beneficial Owner 3 First Name	Middle Initial	Last Name	Percentage(%) of ownership
Beneficial Owner 4 First Name	Middle Initial	Last Name	Percentage(%) of ownership
Beneficial Owner 5 First Name	Middle Initial	Last Name	Percentage(%) of ownership
Beneficial Owner 6 First Name	Middle Initial	Last Name	Percentage(%) of ownership
Beneficial Owner 7 First Name	Middle Initial	Last Name	Percentage(%) of ownership
Beneficial Owner 8 First Name	Middle Initial	Last Name	Percentage(%) of ownership
Beneficial Owner 9 First Name	Middle Initial	Last Name	Percentage(%) of ownership
Beneficial Owner 10 First Name	Middle Initial	Last Name	Percentage(%) of ownership

III. Certified / Agreed To

☒ Check this box if there have been no updates or changes to the Individual with Control or Beneficial Ownership information since last completing a Certification Form.

I, Peter Prusinowski, hereby certify, to
 Print Name of person opening the account or adding new accounts or services to an established relationship.

the best of my knowledge, that the Information provided above is complete and correct.

Signature	Date
	5/16/18



Bank

America's Most Convenient Bank®

ASSESSING YOUR NEW BUSINESS ACCOUNT

TO BE COMPLETED FOR ALL NEW BUSINESS ACCOUNTS

SECTION 1A: STORE/ACCOUNT INFORMATION
TO BE COMPLETED DAY OF ACCOUNT OPENING

(Fill in or CIRCLE answer for each question)

Store Employee: [REDACTED] Date Opened: 05/16/2018
 Store Location: [REDACTED] Store Number: [REDACTED]
 Product Type: TD Business Simple Checking Account Number: [REDACTED]
 Account Title: EMPIRE HOLDINGS GROUP LLC Phone Number: [REDACTED]
 Best Time to Contact: Weekdays

Primary Contact Name: PETER PRUSINOWSKI
 Legal Address: [REDACTED]
 Business Email Address: [REDACTED]
 New or Existing TD Business Customer: New Existing Home Based: Yes No

SECTION 1B: BUSINESS INFORMATION

TO BE COMPLETED DAY OF ACCOUNT OPENING

(Fill in or CIRCLE answer for each question)

Is the business location at the same address being used to establish account? ☒ YES ☐ NO
 If No, please explain: _____

Type of Business (Circle one): Corporation Partnership LLC LLP Sole Proprietor
 Non-Profit Government/Municipal Other (Describe) _____

Principle Line of Business Advertising Material Distribution Services
 If "Other", describe digital marketing

Purpose of account (payroll, escrow, operating account, etc): Operating
 Length of time in business: > 24 months Does it match the formation documents? Yes No
 If No, please explain: _____

Estimated Annual Sales: \$0 - \$500,000
 Number of Employees: 1
 Business geographical area coverage: In TD Market Area
 Is the Business located within market? Yes No
 If No, please explain: _____

How is the business paid by its customers? Ac H / Checks
 What types of customers/vendors will the business be working with? B2B
 Where does the business maintain merchandise or equipment? N/A

SECTION 1C: HOME BASED BUSINESS

TO BE COMPLETED DAY OF ACCOUNT OPENING

(Fill in or CIRCLE answer for each question)

Does the home address provided match the identification of owner? Yes No
 If No, please explain: _____

How long have you lived at your current address? 2 yrs Do you own or rent? Own Rent

For all home based businesses provide 4 or more items from below checklist (check all that apply)
 Documents must be sent to CIF with account package (exception- do not photo copy driver's license)

- ☒ Known/Existing Customer for more than 6 months
- ☐ Business open more than 6 months. If so, how was this verified? _____
- ☐ Has license for trade business (day care, architect, plumber, electrician etc.) or Sales tax usage doc
- ☐ Has Commercial vehicle registration with address that matches business/home address
- ☐ Business is listed on Home Advisor with matching contact information
- ☐ Has invoice or bill mailed to address in business name or in the name of the business owner
- ☐ If property is rented, provide copy of rental agreement
- ☒ If owned, has tax bill, mortgage statement or other means of ownership verification (town tax list online, etc.)
- ☒ Driver's license matches address given (do not photocopy)
- ☐ Website exists and matches information given (provide screenshot)
- ☒ IRS TIN Letter

PX8

FTC-000642

SECTION 1D: TO BE COMPLETED DAY OF ACCOUNT OPENING**BUSINESS ACCOUNT OPENING DOCUMENT CHECKLIST**

Account opener **MUST** initial each box within a column to evidence each document collected. Any deviations from the required documentation described below should be **Bumped Up!**

	Corporation	LLC	Partnership (Including Partnership, LP and LLP)	Unincorporated Association / Not for Profit	Sole-Prop
Articles of Incorporation/Organization (filed with the state) OR Certificate of Good Standing (issued by state or court) OR State website report		<i>✓</i>			
TD General Business Resolution		<i>✓</i>			
Fictitious Name Registration (if applicable by state, county, or local registrar)		<i>NA</i>			
Operating Agreement (if applicable)		<i>NA</i>			
Board of Director's Resolution/By-Laws (if applicable)					
Partnership Banking Agreement (if applicable)					
Chapter and Bylaws of Association OR copy of minutes of last meeting with new elected officers (if applicable)					
FOR HOME BASED BUSINESSES, COLLECT FOUR ITEMS FROM THE LIST IN SECTION 1C)					
Business Site Visit form					

SECTION 2: REVIEW OF NEW ACCOUNT PRODUCT, FORMS AND OPENING DEPOSIT**TO BE COMPLETED DAY OF ACCOUNT OPENING**

(Fill in or CIRCLE answer for each question)

Review of Existing Accounts your Customer may have:

Does the signer's signature match identification and any existing signature cards found on FileNet? YES NO N/A
 Are there holds or special instructions on any existing accounts? YES NO N/A
 Length of Business Account Relationship? *1 yr.* Length of Personal Account Relationship? *9 yrs.*

Review of the Opening Deposit:How is the opening deposit being made? CHECK CASH TRANSFER (Circle all that apply)

If Cash is being deposited - does it make sense for how the business gets paid?

If a Check is deposited - is the check payable to the name of the business?

YES

NO

N/A

Was the Starter Kit Deposit Ticket used for the opening deposit?

YES

NO

N/A

Was the minimum opening deposit made (based on product type)?

YES

NO

N/A

If no, please explain:

Was the check processed through Early Warning in Encore?

YES

NO

If yes, note any response from Early Warning:

If no, please explain:

*Transfer*Is date on check prior to the date of the formation documents? If Yes, **Bump it Up!**

YES

NO

N/ADoes the payee and address on the check exactly match the title on the account? If not, **Bump it Up!**

YES

NO

Was the business entity registered within 15 calendar days prior to the account being established?

YES

NOIf Yes, **Bump It Up** to your SM.**ALERT!** If there are any concerns with the account, opening deposit and/or Customer **Bump It Up!**

SECTION 3: STORE MANAGEMENT REVIEW - To be completed by a Store Manager or ASM other than account opener no later than the following business day

(Fill in or circle answer for each question)

Research information about the business

Research the business (including through the internet e.g. Google, Bing).

Describe results and/or opportunities: None (b.r. can be done / No needs / No browsing)List business website if applicable: noneDescribe why Google Map search fit the business type: Local to storeBusiness located within the vicinity/market area of your Store? ☒ YES NO N/A

If No or N/A, describe why: _____

SECTION 4: THANK YOUR CUSTOMER - To be completed by a Store Manager or ASM other than account opener no later than the following business day

(Fill in or circle answer for each question)

Business reached via phone (using directory assistance or 411.com)? ☒ YES NOThank You Card mailed with Store Manager business card? ☒ YES NO

Additional comments/opportunities identified (and entered into your calendar/tickler system for follow-up):

None**SECTION 4: DOCUMENTATION / WRAP-UP - To be completed by a Store Manager or ASM other than account opener no later than the following business day**

(Fill in or circle answer for each question)

Site visit form printed and time scheduled for visit? ☒ YES NOAll business documents referenced on page 2 have been collected and reviewed (per AYNB Guidelines)? ☒ YES NO

If Assessing Your Business form and/or Site Visit form was completed by a business partner or another line of business, record their name and title: _____

After completing this checklist, reviewing documentation, and performing additional due diligence, sign and date below. Send the New Account and ALL supporting documentation to CIF for imaging. If any exceptions were made, please attach RMM email.

Reviewed by Signature: _____

Date: 5/17/18Print Name/Title: Michael Kopfinger Assistant Store Manager

Rev 02/18 | TD BANK, N.A.



Bank

America's Most Convenient Bank®

Business Site Visit Form must be completed within 5 calendar days of opening by Store Management

Business Name: EMPIRE HOLDINGS GROUP LLC Date Account Opened: 5/16/18

Business Physical Address: [REDACTED]

Business Phone Number: [REDACTED] Account #(s): [REDACTED] / [REDACTED] / [REDACTED]

Business Owner Contact Name and Title: PETER PRUSINOWSKI / Member

Section I Must be completed for Home Based Businesses Only

Are you able to verify the residential address through Google maps or current tax records? (Review AYB Guide)

If Yes ☒ Attach Documents If No ☐ Business Site Visit is Required Describe observations below:

Comments:

Section II Must be completed for all Businesses that are not Home BasedAfter tour or Business Site Visit completion, is the business operational; appears to be functioning as the business described? Yes ☐ No ☐

Comments:

Is there appropriate signage for the nature or type of business? Yes ☐ No ☐Does the business have an ATM on site? Yes ☐ No ☐ If Yes How is the ATM Funded? [REDACTED]

Please indicate which signs for the following services are visible:

Check Cashing ☐ Check Cashing Fees ☐ Lottery Sales ☐ Sale of Money Orders ☐ Western Union ☐ Payday Lending ☐Describe Observations: [REDACTED]Is there inventory on site? Yes ☐ No ☐ N/A ☐Describe observations: [REDACTED]Did your observations agree with your expectations for this type of business? Yes ☐ No ☐ If No Bump It Up!

Comments:

I personally conducted the above described physical site visit on:

Date of Visit: 5/17/18

Site Visit Completed by:

Michael Kopfinger Assistant Store Manager

Print Name and Title

[Signature]

Signature

PX8

Rev. 2/2018 | TD BANK, N.A.

FTC-000645

Google Maps

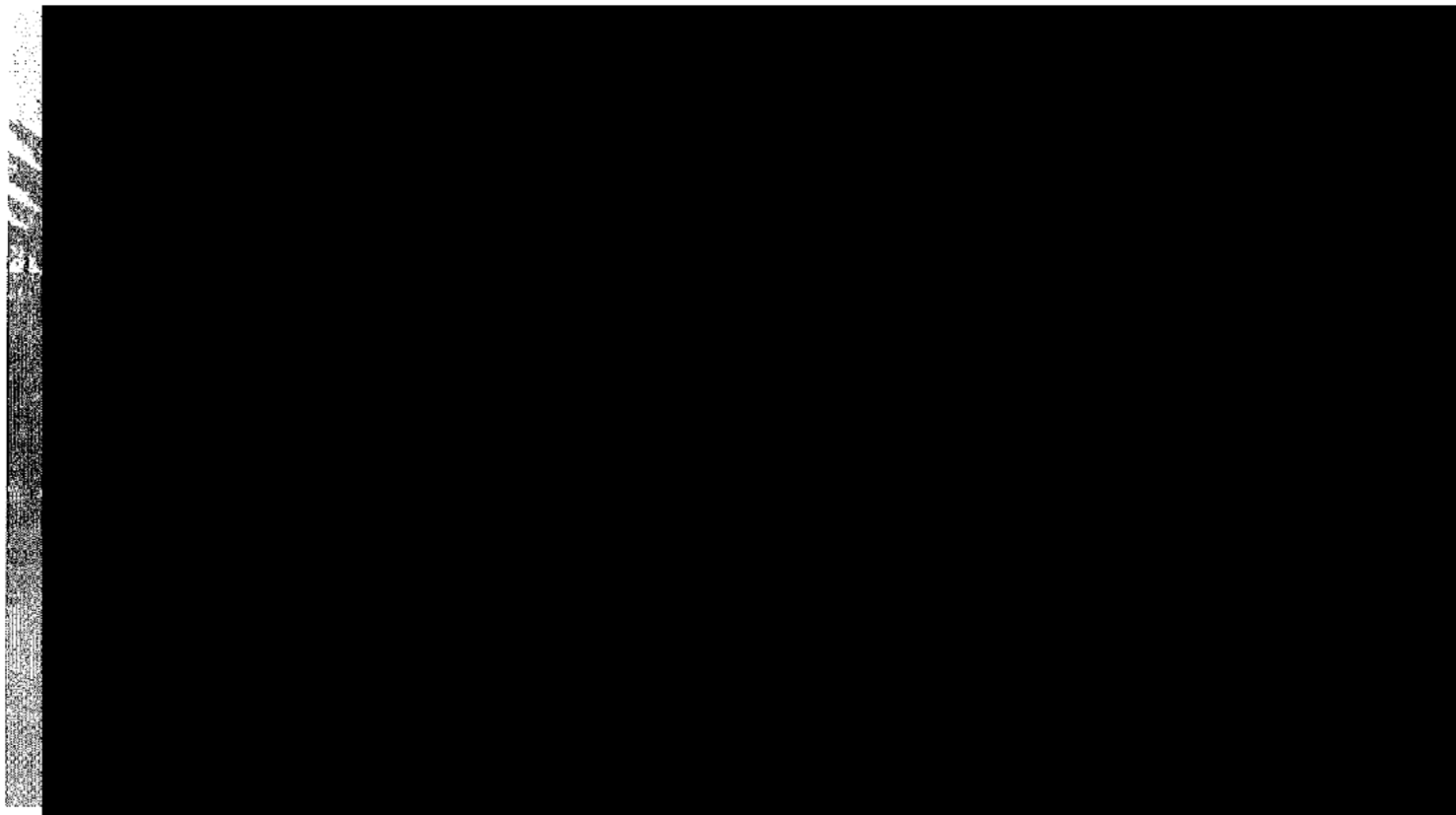
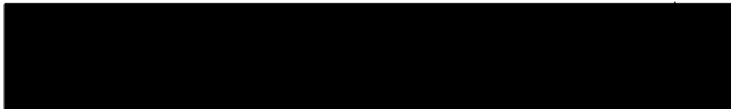


Image capture: Oct 2012 © 2018 Google

Doylestown, Pennsylvania

 Google, Inc.

Street View - Oct 2012

